

Training Administrator Application

For CAREGIVER TRAINING
Home and Community Services
(Revised 1/1/09)

Thank you for your interest in caregiver training. A training administrator provides the caregiver training classes. This involves hiring instructors, arranging for places to hold the classes, registration, reporting training data to ADSA and other administrative tasks.

The Training Administrator Application is only one part of the application process required for a person or business to provide HCS caregiving classes. The Memorandum of Understanding (MOU) and Instructor Application must also be submitted **and approved** by HCS prior to scheduling or offering classes.

If you wish to be an administrator and the instructor, please complete both applications.

Send completed applications to:

DSHS/ADSA
Attn: TCDU
PO Box 45600
Mail Stop 45600
Olympia, WA 98504-5600

ONCE YOUR APPLICATION IS IN:

We will review your application(s) and may call you to get further information. After the review process, we will send you a letter either approving or not approving your application.

Name of Business

Address

City Zip Code

County Web Site:

Training Administrator's Name

Telephone () FAX ()

E-mail address

Fill in your answers to the questions below. Attach additional paper as necessary.

A. Classes and equipment

1. Which class(es) do you plan to offer? (please check)
 1. Revised Fundamentals of Caregiving ☐ Alternative Curriculum ☐
 2. Modified Fundamentals of Caregiving Self Study ☐
 3. Nurse Delegation Core Training for Nursing Assistants and Diabetic Insulin Injection Self-Study ☐
 4. 48 Hour Administrator Training for Adult Family Home Providers ☐
2. Where will you hold classes?
3. Describe the classroom space (size, furnishings, etc)?
4. What makes the space conducive to learning and skills practice, especially personal care skills?
5. List what equipment (mannequin, hospital bed, etc.) will be available during class.
6. What limitations, if any, does your space or equipment have and how will you compensate for that?

B. Record Keeping and reporting

1. Where will you keep student records?

C. Access to classes

1. How many classes do you anticipate offering?

Each quarter

Each year

2. Which of the following times will you be offering classes?

Monday through Fridays ☐ Weekends ☐

Daytime hours ☐ Evening hours ☐

3. Are you willing to offer classes outside of your geographic area? Yes ☐ No ☐
If yes, which areas?

4. How many students do you anticipate having in your class?

Minimum

Maximum

D. Marketing

1. Who are you planning on teaching?

2. Describe how you intend to market the class(es) to students (how will students hear about the classes?).

E. Registration

1. Describe the method you will use to register students?

2. During what hours will students be allowed to register?

3. Will there be a person that students can contact for questions? When will that person be available?

4. If there is not a person available, how will students get their questions answered?
How long will it take for a student to get an answer?

5. How will registration be confirmed for students?

F. Cancellations

1. Under what circumstances will classes be cancelled?

2. How and when will students be notified?

G. Business relationships

Describe any business relationship(s) (i.e. employee, contractor, vendor, etc.) that you have with Washington State government or Area Agency on Aging (AAA) currently or in the past.

- a. Type of relationship (employee, contractor, vendor, other (specify):
- b. Name of governmental entity:
- c. Contact person's name:
- d. Contact person's phone number:
- e. Date relationship started:
- f. Date relationship ended:
- g. Description:

SIGN HERE:

DATE:

DATE AND SIGN

**TO BE ACCEPTED,
YOU MUST SIGN
AND DATE THIS
APPLICATION.**

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application.

Send completed application to:

ADSA/TCDU

P.O. Box 45600, Mail Stop 45600

Olympia, WA 98504

Phone: 360-725-2548

FAX :360-725-2646